

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043191

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 115

FILED DEC 6 1963

1. PLACE OF DEATH

a. COUNTY

Cedarb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN El Dorado Springs

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 120 Winner RoadInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cedarc. CITY
OR
TOWN El Dorado SpringsInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 120 Winner RoadReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

JACKSON

Middle

C.

Last

BRANNAN4. DATE
OF
DEATH

Month

Day

Year

11-29-1963

5. SEX

male

6. COLOR OR RACE

white7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-20-1886

9. AGE (last birthday)

77

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Real Estate

10b. KIND OF BUSINESS OR INDUSTRY

retired

11. BIRTHPLACE (City and state or country)

Lowery City, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Samuel Brannan

13b. MOTHER'S MAIDEN NAME

Hannah White

14. NAME OF HUSBAND OR WIFE

Mildred Brannan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no none

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mildred Brannan El Dorado Spgs., Mo.18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Congestive Heart FailureINTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Atherosclerotic heart disease

DUE TO (c)

Arterio-car nephrosclerosisPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from October 1963 to 11/29/63 and last saw her alive on 11/29/63
Death occurred at 8:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Type or print)

W. Stewart, M.D.

22b. ADDRESS

El Dorado Springs, Mo. 11/30/63

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)burial

23b. DATE

12-1-63

23c. NAME OF CEMETERY OR CREMATORY

City Cemetery

23d. LOCATION (City, town, or county)

El Dorado Springs, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Gunn-Carothers El Dorado Spgs., Mo. 12-1-63

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Joe E. Rushman per K.H.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
1 0201
2 0201
3 2
4 0
5 1
6
7 0
8 2
9 442X
10
11
12 1290-0
13 1-0

10111111-0111

DEC 31 1963

DEC 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed May W. Sicking

Licensed Embalmer No. 4696

P. O. Address 9000 S. 1st St., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

no permit obtained